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DIVISION OF VITAL RECORDS, 201 W. PRESTON 51., BALTIMORE, MAKILLAND 21201	. TENDING PHYSICIAN: The low requires that the death certifical to the death certifical to the advention.	OR. After this certificate has been signed by the attending physician any constitution line in the second contraction of t

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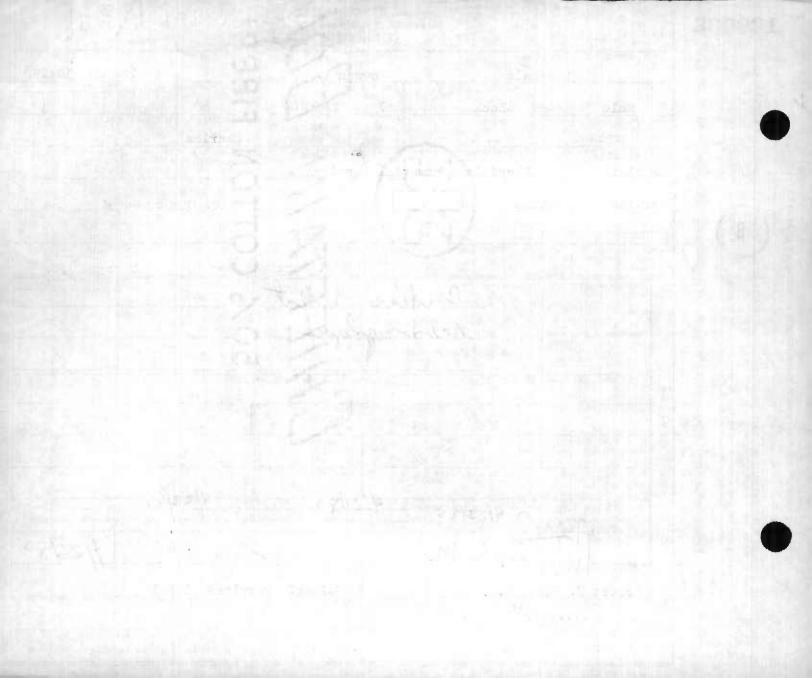
Should be deta with the State [

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO L DECEASED NAME FIRST MIDDLE 20. DATE OF DEATH MONTH 26 HOUR (TYPE OR PRINT) 85 Reginald Bowman 4 10:29P N DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR SEX MONTH DAY YFAR 26 04 80 Black. Male 70. BIRTHPLACE ISTATE OF FOREIGN 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland U.S. Chatles WIDOWED DIVORCED CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Worker Farm La Plata Physicians Memorial Hospital 130 STATE 136 COUNTY 13c CITY OR TOWN 13e STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? LaPlata Charles Maryland YES | NO Chas. County Nursing Home 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE EIRST Harry E. Bowman Sarah Piper 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT 3201 Pope St. NO NO OR UNKNOWN) (IF YES GIVE WAR OR DATES) 578-20-1537 Washington, D.C. Mr. Percival Bowman APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line to lat, (b), and re PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE trou Canditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last 0 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11g CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF NO F YES [ 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL LIF EITHER NOTIFY MEDICAL EXAMINER P.M 19 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION 5 CITY OR TOWN COUNTY orked AT HOME STREET FACTORY, OFFICE FARM ETC 1 NOT WHILE AT WORK 220.1 certify that (1) (this haspital) attended the deceased from saw the decrased alive an abave, (1) (we) think and that in (my) (our) opinion death occurred on the date and hour and fram the causes stated 226 SIGNATUI DEGREE ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN E PHOME THE SERVICE 22e ADDRESS IMPORT, 20601 Robert T. Pace M.D. Waldorf, Maryland 23g BURIAL CREMATION, REMOVAL 236 DATE 23c NAME OF CEMETERY OR CREMATORY COUNTY (SPECIFY) CITY OF TOWN STATE Removal 4/28/83 4/26/85 24 FUNERAL DIRECTOR DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/B4 Anatomy Board (VRA 15, 4)

ADDRESS Balto., Md.

una Davidson-Hands



## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	CERTIFICATE OF DEATH	REG. NO.					
Ē	LAST	20. DATE OF DEATH MO	NTH	DAY	YEAR	2b HOU	IR
RETTA	BULLIS	APRIL 2	27.	1985		6:20	0 a
	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDA	AY)	IF UNDER		IF UNDER	
	MONTH DAY YEAR			MUNTHS	DATS	HOURS	MIN.

FEMALE 27, 1938 TO BIRTHPLACE ISTATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY

NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

WIDOWED

BALTIMORE CITY OR COUNTY OF DEATH 12a USUAL OCCUPATION

126. KIND OF BUSINESS OR INDUSTRY CTYPE OF WORK FOR MOST OF WORKING LIFET Dell

LA PLATA

West Virginia

10 CITY OR TOWN OF DEATH

- STATE REGISTRAR I. DECEASED NAME TYPE OR PRINTS

3 SEX

HOSPITAL

Indian Head

13c CITY OR TOWN

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

13d. INSIDE CITY LIMITS? NOXX

15 MOTHER'S MAIDEN NAME

DIVORCED

13e STREET ADDRESS / ZIP CODE Route 2 Box 80 20640

14 FATHER'S NAME

NO

CERTIFICATION

(SPECIFY)

24 FUNERAL DIRECTOR

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MIDDLE H

4 RACE

Bullis 166 SOCIAL SECURITY NO

Blanche 17 INFORMANT

MIDDLE

erk-Trainee

Vickers

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

60 WAS DECEASED EVER IN U.S. ARMED FORCES?

IMMEDIATE CAUSE

Charles

136 COUNTY

Bullis. 18 CAUSE OF DEATH (Enter only one cause per line for 1a), (b), and 1c

2 Box 80 V Rte. Indian Head Md 20640

Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last

Sherrill

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING

PART I. DEATH WAS CAUSED BY

SHIRL FY

NOT RELATED TO THE TERMINAL DISPASE OR CONDITION GIVEN IN PART Lia

CONDITION FOR WHICH OF

206 IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF YES NO

710 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)

21b. TIME OF INJURY HOUR A.M. MONTH DAY P.M 21e PLACE OF INJURY

YEAR 19 211 LOCATION

216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

COUNTY STATE

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DEGREE 22e ADDRESS

ATTENDING

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Chicamuxen

22c. DATE SIGNED

22d PHYSICIAN'S NAME (TYPE OR PRINT

Burial

HENRY BURKE, M.D. 230 BURIAL CREMATION, REMOVAL 23b. DATE

23c NAME OF CEMETERY OR CREMATORY Chicamuxen Meth.

MARYI AND 23d LOCATION

STATE Charles Md.

DHMH - 16 60M 7/84

ld b IMPORT

(VRA 15, 4)

DIVISION OF VITAL RECORDS.

FUNERAL HOME.INC..LA PLATA.MD

04/30/85

190 DATE OF OPERATION 21d INJURY OCCURRED NOT WHILE AT WORK 220.1 certify that (1) (this haspital) attended the deceased fram

AT HOME STREET, FACTORY, OFFICE, FARM ETC )

82

STREET

CITY OR TOWN

PHYSICIAN DIRECTOR PHYSICIAN

CITY OF TOWN

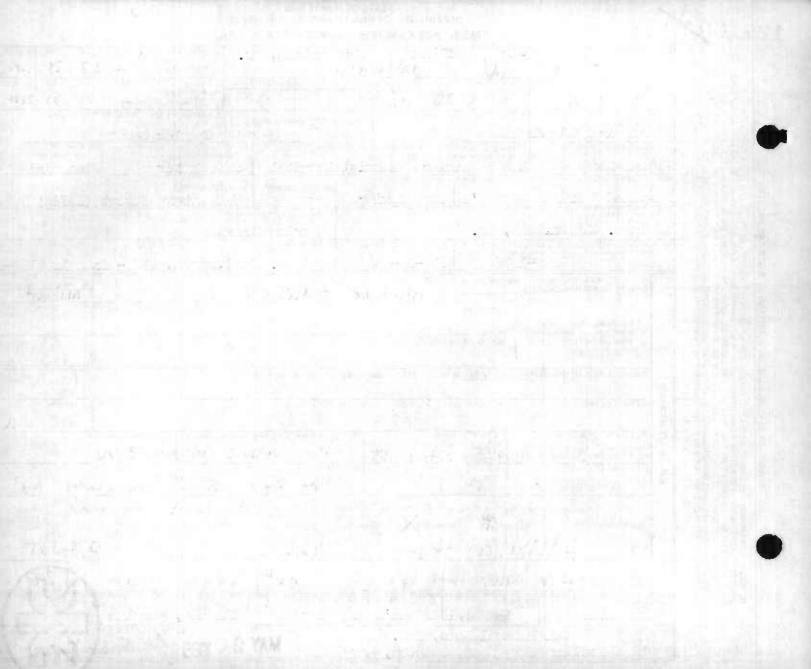
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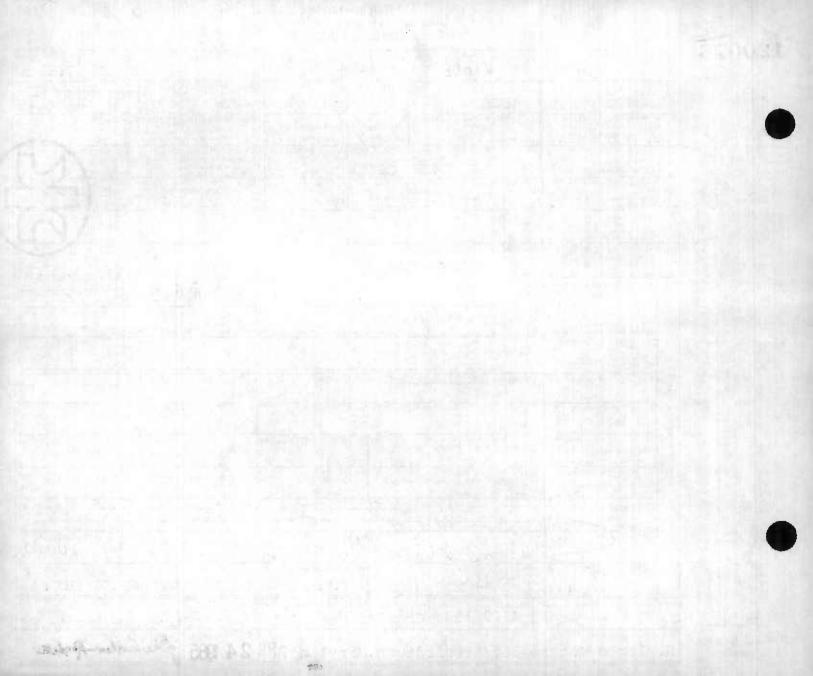
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(VRA 15, 4)



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PER LA	EXAMINER'	S NAME Denr	nis F. Smy	yth, N	1.D.	A	DDRESS]	lll Penr	St., Balt	o., Md	. 2120	)]
BAL BAL	230. BURIAL, CREM	ATION, REMOVAL 2	3b DATE	23€ №	NAME OF CEM		CREMATORY	23d, L	OCATION	COUNT	,	ATE
COUVERDU	Buri	al	4/1/85	Sh	iloh Ce	mete	rv	Rt	. 1 Montr	COLOR TAN	B	AIE
DHANH - 17	24 FUNERAL DIR		MAR	4LANO	LCOYR	tesy.		DATE REC'D.		aut discount	Add played	4
(VR A15 ME (5))	Than:	ille Eit	ester ?	v. 1	sech	ams	TAS	KTOI	gone,	-		13
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1 - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO 20 DATE OF DEATH MONTH DECEASED NAME 7h HOUR TYPE OR PRINTS Dunnington Genevieve Corina April 10,1985 1:30P .. 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) 3. SEX MONTH DAY FEMALE BLACK. MAR. 9,1921 64 BIRTHPLACE STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED MARYLAND Charles U.S.A. WIDOWED DIVORCED 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION CITY OR TOWN OF DEATH 12g USUAL OCCUPATION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY La Plata Physicians Memorial Hospital HOMEMAKER OWN HOME USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
136. STATE
1136. COUNTY 13 STREET ADDRESS / ZIP CODE CHARLES 13c CITY OR TOWN 13d INSIDE CITY LIMITS? PISGAH RT.#484 Box 20640 YES 🗍 NO X FATHER'S NAME 15 MOTHER'S MAIDEN NAME HAWKINS FRANK THOMPSON MARY NANNIE 16b SOCIAL SECURITY NO 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT NO OR UNKNOWN) LIF YES GIVE WAR OR DATES) 215-38-3969 CHARLES DUNNINGTON SAME AS #13 SETWEEN CASES AND OF 18 CAUSE OF DEATH (Enter only one couse per life to rough) and PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Conditions, if onv. which gave rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIQ CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 70a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOX 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH WEDICAL LIF EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION AT HOME STREET, FACTORY, OFFICE, FARM, ETC ) CITY OR TOWN COUNTY STATE WHILE NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from ond that in (my) (aur) apinion death occurred on the date and hour and from the causes stated 226 SKENATURE MEDICAL ATTENDING STAFF PHYSICIAN DIRECTOR PHYSICIAN ICIAN'S NAME THE OREIN 22e ADDRESS Ignacio Garcia M.D. La Plata, Md 20646 230 BURIAL CREMATION REMOVAL 236. DATE 231 NAME OF CEMETERY OR CREMATORY COUNTY STATE ST. CHARLES CEM. BURIAL 4-13-85 GLYMONT CHARLES MARYLAN 24. FUNERAL DIRECTOR

DHMH - 16 60M 7/84

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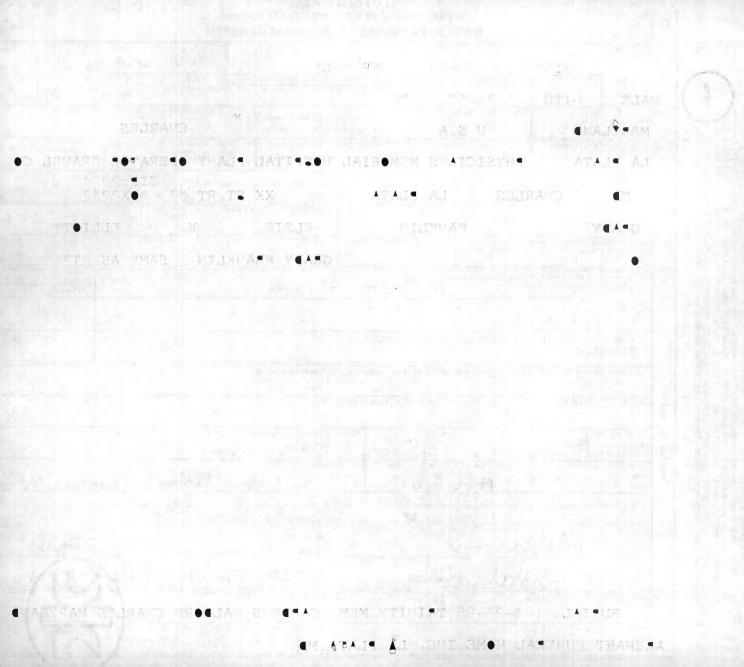
(VRA 15, 4)

FUNERAL HOME, INC. LA PLATA, MD.

DATE REC'D BY REGIS II AT LL REGISTRAR'S SIGNATURE

1.	FOR					MARYLAND	HYGIENE	4 6	5		
	- STATE REGISTRAR		WEL	DICAL EXAM	INER'S	CERTIFICATE	OF DEATH	REG. NO.			
1	DECEASED NA	ME FIRST		WIDDIE		LAST	2e. DATE	KNOWN	MONTH DA	AY YEAR	26, HOUR
	(TYPE OR PRINT)	STEV	T T	EE	FRAN	KITN	DEAT	H MATED	4 23	1905	3 A N
3	SEX	4. RACE	5. DATE OF BIRTH	6 AGE (III	N YEARS IF UN	NDER TYR. IF UNDER	MIN. PRONOI	TE	MONTH DA	AY YEAR	2d. HOUR
	MALE	WHITE	1-22-6		1RS.	HS DAYS HOURS	MIN. PRONOU	AD	4 23	1985	410 M
19	BIRTHPLACE		76. CITIZEN OF WH	IAT COUNTRY?	8. MARR	IED NEVER MARE	RIED S 9. BALTI	MORE CITY OR	COUNTYO	FDEATH	
	MARY		U.S	5.A.	WIDOV	VED DIVOR		CHARLE			MD
1	O. CITY OR TOW		(IF NOT IN SUCH FAC	PITAL, NURSING HO		HER INSTITUTION	12a USUAL OCC	ORKING LIFE)		OR INDUSTR	
ľ	LA P		PHYSICI		<b>ORIAL</b>	HOSPITA:	L PLANT	•PERAT	OR GI	RAVEL	CO.
	SUAL RESIDENC 30 STATE	13b. COUN	OR OTHER INSTITUTION, GIV	13c. CITY OR TOW	AISSION)	13d. INSIDE CITY LIMITS?	13e. STREET ADD		:2064		
	MD		RLES	LA PLA	TA	YES NOX	7	.#2 B	X2242	2	
4)	4. FATHER'S NA/		MIDDLE	LAST		15. MOTHER'S MAID		MIDDLE		LAST	
L	GRA	ED EVER IN U.S. AR		ANKLIN	IBITY NO	ELSIE 17. INFORMANT		ADDRESS	ELL]	IOTT	
ľ	(YES, NO, OR UNK		WAR OR DATES)	166. SOCIAL SECO	KIIT NO.					11.4.0	
L	NO			1		GRADY F	RANKLIN	SAME	AS	#13	IAVESTIAL S
ľ	PART 1	OF DEATH (Enter an DEATH WAS CAUSE	ly ane cause per line D BY:	far (q), (b), and (c).)	0/8	trauma			В	BETWEEN ONSE	AND DEATH
1	781	99 IMMEDIA	TE CAUSE (a)	AS A CONSEQUEN	CEOE	11200101				10400	TOWART
ı	Candit	ians, if any, which	002 10,01	AS A COTTOLOGOLIT	CL OI				1000		
1		rise to immediate a) stating the under-		AS A CONSEQUEN	CE OF						-
1		ause last.			0.						
	PART 2 OTHER	SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH I	BUT NOT RELATED TO THE	TERMINAL DISEAS	SE OR CONDITION GIVEN IN P	ART 1 to L				
1	NO O										
7	NO 190 DATE O	OF OPERATION	196 CONDIT	ION FOR WHICH O	PERATION	VAS PERFORMED?	N Stark	V. 10-10	20	0 AUTOPSY?	?
-	TE									YES 🗌	NO
	2 To. EXTER	NAL CAUSE WAS	21b. TIME OF HOUR A.M	MONTH DAY Y	EAR	IOW INJURY OCCURR	ED (ENTER NATURE OF	INJURY IN ITEM 18 PA	RT 1 OR PART 2)		
		NG OR TING CAUSE OF	DEATH 3 AM	230 pv.) 19	85	woter.	rehide				
1	21d. INJUR	OCCURRED  NOT WHILE	21e PLACE C	ORY, FARM, ETC.)	E, 21f. LC	OCATION STREET	CITY OR	TOWN AC	COUNTY		STATE
	AT WORK	AT WORK	OLA &	b Il das		Itctan Co	us a	older f	Cha	162	M
	220. 1 ce	rtify that I taok charg	ge of the remains desi	cribed abave, held a	in Autor	psy , Inspection	an Inqui	ry . and	in my apiniai	n	
d	death res	ulted fram: Natu	ral causes .	Accident A.	Suicide	, Homicide .	Undetermined	manner .			
7	ACTUAL	LIAA	100	)		TITLE (SPECIFY)			DATE 7	21 15	्रा
4	SIGNATUR	E LIANNI	but	y 3	A	10 Challe CO	MEDICAL EX	AMINER	SIGNED_	3 W-10	05
4	EXAMINER	SNAME LLA	Mala.	Hat		1497	Rdx 10	20 (9/10	to 1	w.1 7	2641
-	(TYPE OR P		TAIL YOU.	1001	CEMETERY	ADDRESS P	23d LOCATION	- 01	7	VF 20	016
1	(SPECIEV)	URIAL	4-26-85			OR CREMATORY  1. GARDEN	CITY OR TOWN		RLES	MARYL	TATE
1	4. FUNERAL DIR				T LIDI	1259-PATE		RAP 256. REGIS			11.7.14
	AREHAE	T FUNER	AL HOME	INC. I.A	PT.AT	APR ME APR	ムラ製物	grown var	4ddon-17	Marion	N.

20M 4/82



2b HOUR

2:15P

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20646

STATE

STATE

Va.

20646

COUNTY

LA PLATA, MARYLAND

CITY OF TOWN

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

23c NAME OF CEMETERY OR CREMATORY

Arlington Nat

DHMH - 16 60M 7/84 (VRA 15, 4)

PAUL PRITCHETT, M.D.

23b. DATE

05/01/85

FUNERAL HOME, INC. LA PLATA MOVAL

230 BURIAL, CREMATION, REMOVAL

Burial

(SPECIFY)

24 FUNERAL DIRECTOR

Virginia

RILEY

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House bide a tat Home

pervised Charles La Flats X couts 1 pox 1207 200 6

James William Riley Gladys Bewere

No 215-54-5922 Cebbie E. Bowie, La Plata, Nd. 215-65

Eurial (%) 14/85 Arlington Vat. ft. iver Va.

ARART (UVERA) HOME. I'C., LA PL'E., D.

	CEASED NAME	FIRST		MIDDLE	i	AST	20. DATE OF D	REG. NO.	DAY	YEAR	2b. HOL
(1)99	OR PRINT)	RALPH	RU	JSSELL	GIL	ROY, Sr.		4	11	85	7:
1. SE	X	1	RACE		S. DATE C		6. AGE (INYEA	RS (AST BIRTHDAY)	IF UN	DER 1 YEAR	IF UNDE
	Male		Cauca	asian	Sept		44	YR		15 DATS	HOURS
V	IRTHPLACE (STATE COUNTRY)	OR FOREIGN	USA	WHAT COUNTRY?	8	D NEVER MARRIED	Char	les Co			
	Plata		LIE NOT IN SH	CHEACHITY GIVE STREET	T ADDRESS)	or other institution al Hospita	120. USUAL OF	OR MOST OF WORKIN	IG LIFE) IN	kind of houstry	
USU. 13a. S	IAL RESIDENCE (IF NI STATE MD	136 COUNT	TY	GIVE RESIDENCE BEFOR	WN	13d. INSIDE CITY LIMITS? YES NO 🔀	Rt. 1	DDRESS / ZIP CO	ODE		2061
	ATHER'S NAME FIRST		MDDLE	LAST		15. MOTHER'S MAIDEN N	IAME	WIDDLE		Į AS1	1
_	ilder	Α.		Gilro		Ethel				Ric	har
16a V	WAS DECEASED EVI (YES NO OR UNKNOWN)	ER IN U.S. ARA	MED FORCES? WAR OR DATES)	215-38-		Ethel V.	Gilroy,	Same	as :	line APPROXI BETWEEN C	#
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DHMH - 16 60M 7/84 (VRA 15, 4) The Huntt Funeral Home, Waldorf, MD

Waldorf, MD APR 1 6 1985 Chas. Md.

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ADDRESS POMONKEY, MD.

via Davidson-Mandall

THORNTON'S FUNERAL HOME

(VRA 15, 4)

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Charles Md

250 DATE REC'D. BY REGISTRARIES REGISTRAR'S

Pomonkey, Md. APK 1.0 1960

DHMH - 16 50M 4/82 (VRA 15, 4)

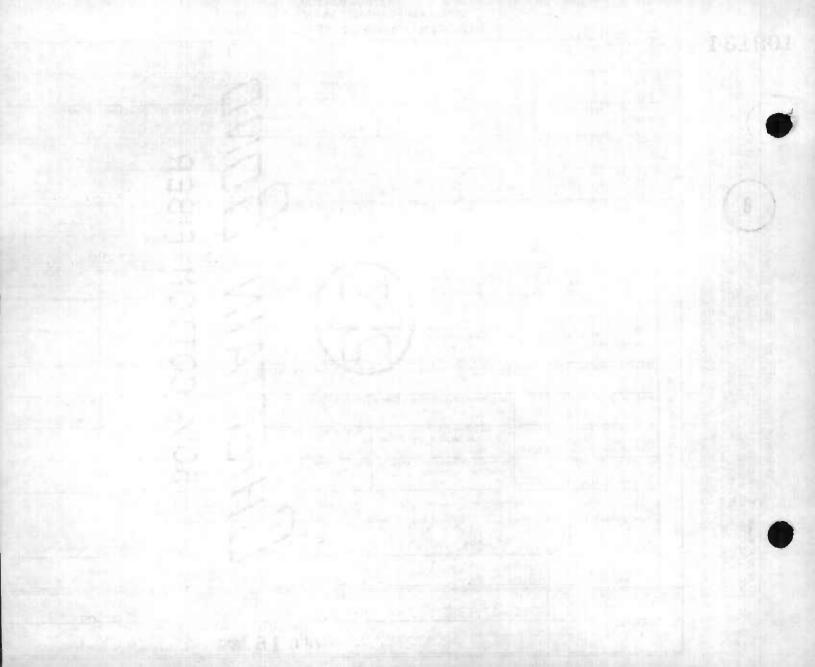
24 FUNERAL DIRECTOR

Thornton Funeral Home

CE1301 THE RESIDENCE OF THE PROPERTY OF THE PARTY O

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 109134 I. DECEASED NAME 20. DATE KNOWN MONTH 26 HOUR TTYPE OR PRINT OF ESTI- 4-9-85 GREEN **EBONY** SHANTA IF LINDER TYR. 3 SEX 4. RACE 5 DATE OF BIRTH & AGE (IN YEARS IF UNDER 24 HRS 2d HOUR DATE PRONOUNCED 4:23P 4-9-85 FEMALE JULY 13, 1984 DEAD BLACK 8 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR MARRIED NEVER MARRIED MARYLAND Charles County UNITED STATES WIDOWED DIVORCED IN CATY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK 1126 KIND OF BUSINESS 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY Memorial Hospital FOR MOST OF WORKING LIFE! aPlata NONE NONE SUAL RESIDENCE (IF IN NURSIN HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI COUNTY CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS LA PLATA NOX RT.3 BOX 200 LaPlata, Md. 20646 MARYLAND CHARLES 4 FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST FIRST UNKNOWN FATTH GREEN 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS LYES NO OR UNKNOWN NO FAITH GREEN, RT. 3 BOX 200 LAPlata, Md. 20646 NONE 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c), BETWEEN ONSET AND DEATH Sudden infant death syndrome IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GET BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g. 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? DIVISION OF VITAL YES X NO 21a. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 21e PLACE OF INJURY (AT HOME. TIT LOCATION STREET, FACTORY, FARM, ETC. STREET CITY OR TOWN COUNTY STATE WHILE NOT WHILE AT WORK AT WORK 22a I certify that I took charge of the remains described above, held on Autopsy Inspection Natural couses X death resulted from: Homicide Accident Suicide Undetermined monner TO MEDICAL EXAMI
EXECUTE THE CERTIFIED PAGE 4 SHOULD BE TO PUNERAL DIRECT AFTER DEATH WITH BALLIMORE, MARYLIMORE, TITLE (SPECIFY) 4-10-85 ACTUAL DATE Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME 111 Penn Street Margarita A. Korell, M.D. (TYPE OR PRINT) 23c. NAME OF CEMETERY OR CREMATORY 230, BURIAL, CREMATION, REMOVAL 236 DATE 23d. LOCATION COUNTY STATE APRIL 11,1985 St. Mary's Ch. Cemetery BURTAL 07/84 BP. Mo 25M 24. FUNERAL DIRECTOR **DHMH - 17** THORNTON'S FUNERAL HOME PORES POMONKEY, MD. 20640 (VR A15 ME (5))

STATE OF MARYLAND



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BALTIMORE, MARYLAND 2120

DIVISION OF VITAL RECORDS, 201

FOR - STATE REGISTRAR 1 DECEASED NAME

Thomas

VAS

(TYPE OR PRINT)

3 SEX

STATE OF MARYLAND DED A DEMENT OF HEALTH AND MENT

DEFAI	CERTIFICATE OF DEATH	REG. NO.			
MIOOLE	LAST	20 DATE OF DEATH MONTH	DAY	YEAR	26 HOUR
Edward	Jones Jr.	April	12.	198	PM PM
CE .	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDE	RIYEAR	-IF UNDER 24 MRS
White	MONTH CAY YEAR	61 YRS	MONTHS	DAYS	HOURS MIN.

Male TO BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY of WIDOWED DIVORCED [ Charles County

Wash C. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Naniemov

126. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Smith Point Road Railroad Engr. | Conrail

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE AGA Zip: 20662 13b. COUNTY 13e. STREET ADDRESS 13d INSIDE CITY LIMITS? Box 134 Smith Pt. Rd. Nanjemoy Charles YES Maryland 5 NAME 15 MOTHER'S MAIDEN NAME

PRINT

PMAY MEDU Thomas **d**ward Jones 160 WAS DECEASED EVER IN U.S. ARMED FORCES LYES IND OR LINENDWINE LIFTEL GAS WAS OR DATES!

W.W.II

4 RACE

Pearl THE SOCIAL SECURITY NO 17. INFORMANT

Dent Box 134 Md. 20668

Jones Nanjemov.

III. CAUSE OF DEATH :Enter only one could PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE Conditions, if any, which gove rise to immediate course (a), stoling the underlying course lock PART 2: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO RELATED THE TERMINAL DISEAS OR CONDITION GIVEN IN PART I:o

194 DATE OF OPERATION THE CONDITION FOR WHICH OPERATION WAS PERFORMED

215 TIME OF INJURY

HOUR AM MONTH DAT

20s. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES. THE HOW INJURY OCCURRED. TENTER NATURE OF PAULES IN TEN 18, FAST CONTRICT,

OR CONTRIBUTING CAUSE OF DEATH IN EITHER HOTEL MEDICAL EXAMPLE THE INJURY OCCURRED C scrows C

230 BURIAL, CREMATION, REMOVAL

21st ACCIDENT WAS UNDERLYING TO

FM TH PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE, FARM, ETC.) 711 LOCATION

DEGREE

TTENDING

PHYSICIAN

22ª ADDRES

and that in my (our) opinion death occurred on the date and hour and from the causes stated STAFF

DIRECTOR PHYSICIAN

CITY OF TOWN

23b. DATE

22a I certify that (This haspital) attended the deceased from sow the deceased alive on above (we) (did) (did not view the body after death

> 23d. LOCATION CITY OR TOWN

MEDICAL

STATE

NO:

SAATE.

 $Md_{\bullet}$ 

Burial 24 FUNERAL DIRECTOR DHMH - 16 50M 1/81 (VRA 15, 4)

CERTIFICATION

prior

ntal Hygin

8

100

IMPORTANT

the the 0

per

23c. NAME OF CEMETERY OR CREMATORY Old Durham

YEAR

Ironsides Charles

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

Arehart

Funeral Home, Inc., La Plata, Md. App

04/15/85

COUNTY

Traces Jones, J. All print 12, 1935 test.D.C. Bif of a line Country. onlessy solth foint had a literal and offered Pent Jones Pent Jones Pent 

STATE OF MARYLAND I DEPARTMENT OF HEALTH AND MENTAL HYGIENE 127083 FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 20. DATE KNOWN LTYPE OR PRINT ESTItranas DEATH MATED SEXMale White A AGE (IN YEARS IF UNDER 1 YR IF UNDER 24 HRS 2d. HOUR DATE YEAR LAST BIRTHDAY) PRONOUNCED 10 DEAD L CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH 7a. BIRTHPLACE MARRIED XXNEVER MARRIED DIVORCED Pennsylvania of Charles County 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Physicians Memorial Hospital Retired N.C.O. La Plata 20772 13e STATE 1136 COUNTY 13c. CITY OR TOWN 13e. STREET ADDRESS Charles Pomfret Route 2 Box 146-J-2 Maryland 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Lightheart Catherine Francis Brennan 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT ADDRESS 166 SOCIAL SECURITY NO (YES, NO. OR UNKNOWN) 1 (IF YES GIVE WAR OR DATES) 205-14-3068 Tsuvako Lightheart Yes Korea/Viet Same As APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I DEATH WAS CAUSED BY AND MENTAL HYGIENE ATION OR REMOVAL SONGE IMMEDIATE CAUSE (a. DUE TO OR AS A CONSEQUENCE OF USED AS A BURIAL - TRANSIT OF HEALTH AND MENTAL HYC Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (8) 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? OR TO BURIAL, (TE, WRITING THE WORL DRWARDED TO THE CH R: PAGE 3 SHOULD BE U E STATE DEPARTMENT O 21g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 21e PLACE OF INJURY (ATHOME. 21d. INJURY OCCURRED 211. LOCATION STREET, FACTORY, FARM, ETC. STREET CITY OR TOWN NOT WHILE AT WORK AT WORK EXECUTE THE CERTIFICATE. I PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PA AFTER DEATH, WITH THE STA BAITIMORE, MARYLAND, 2 22a. I certify that I took charge of the remain delice abave, held an Autopsy Inspection and in my ppinion Natural causes Hamicide Undetermined manner SIGNATURE EXAMINER'S NAME 230 BURIAL, CREMATION, REMOVAL 236 DATE 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY COUNTY STATE 04/26/85 Maryland Veterans Burial Chel tenham P.G. Md. BP 24 FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **DHMH - 17** (VR A15 ME (5)) FUNERAL HOME, INC., La Plata, 20M 4/B2

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1		FOR	DEPARTA	STATE OF MARYLAND  NENT OF HEALTH AND MENTAL HY	GIENE	
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7 37 (10)	13a. S	Md Cha	ries words	YES NO NO	330 Black OAK	CT. 20601
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1 11/150	1	Patrick		mott Johan	na MIDDLE	nyers
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Spitol CTOR H for a of H		sow the deceased alive on above (if worldid) (did not	view the body after death.	ond that i my (our) apinio	n death accurred on the date and have and tr	om the couses stated
OR of house of house of house of house of house of them		226 SIGNATURE	11	DEGREE AFENDING	MEDICAL STAFF	DATE SIGNED
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FOR STATE

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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1	REG	4	7	6

		EASED NAME	FIRST	N	NIDDLE	L	ASI	20 DATE OF DEATH	MONTH DAY	YEAR 26. H	OUR
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	3. SE)			4 RACE	-11	S. DATE C		6. AGE (IN YEARS LAST BIR			DER 24 HRS.
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0	-	La Plata	NC WOWLOOD	Physic:	ians Me	emorial	Hospital	Telephone		U.S.G	ovt.
3			136 COUN		La Pl		13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS		206	46
11/	II. FA	THER'S NAME					15 MOTHER'S MAIDEN NA	AME			10
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		underlying cause	last	(c)	956	haenin	Luyopall	ref			
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6	ATION										
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	RTSF							YES NO X	YES 🗌		
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	9	220 1 certify that (1)		1. /	deceased fr	am_3-	- 13- 19.85		1- 19-8	-, that (1	li (ace) last
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		224. PHYSICIAN'S NA	ME (TYPE O	R PRINT)			22e ADDRESS				
		Girija		M.D.			Waldorf, 1	Md. 20601			
	23a B	SURIAL, CREMATION,		23b DATE			EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	NUOS	iT <u>Y</u>	STATE
		Buria	1	4-9-	85	St. Ig	natius Cem.			Chas.	Md.
4		JNERAL DIRECTOR			ADDR	PESS	250 DA	TE REC'D. BY REGISTRAR	25b. REGISTRAR'S	SIGNATURE	
	Are	ehart Fur	neral	L Home,	Inc.	La Pla	ata, Md.ACK	12 1965 9	wie Davidson	n-flandab	2

DHMH - 16 60M 7/B4 (VRA 15, 4) which it would be below the bear the be

20M 4/82

STATE OF MARYLAND

● DESTRUCTION OF STREET STREET, STREE  FOR #5,6, per call w/F.H.

STATE REGISTRAR 4/8/85 jlb/kam

DECEASED NAME

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

2b HOUR

176 KIND OF BUSINESS OR

Own home

6 MUNTH

COUNTY

22c DATE SIGNED

STATE

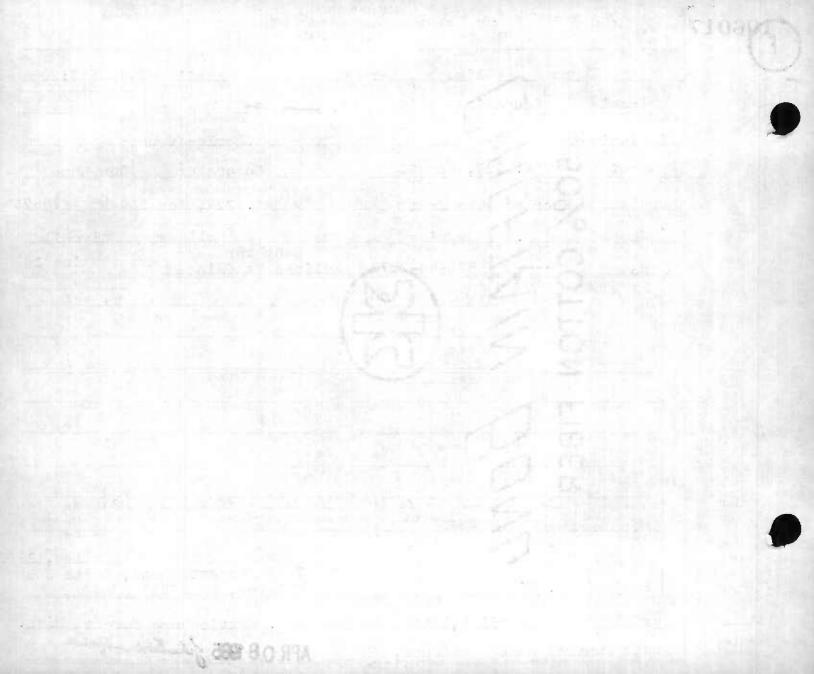
Miss.

1985

INDUSTRY

20 DATE OF DEATH

and that in (my) (our) apinion death accurred on the date and hour and from the causes stated 7501 Surratts Road, Suite 306 Clinton, MD 20735 Hattieshung Forest 24 FUNERAL DIRECTOR DHMH - 16 60M 7/84 Funeral Home Waldorf. (VRA 15, 4)



## STATE OF MARYLAND STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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STATE OF MARYLAND

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STATE OF MARYLAND

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	TO MEDICAL EXAMENED EXECUTE THE CERT PAGE 4 SHOULD FOR TO FUNERAL DIRE AFTER DEATH, WITH BALTIMORE, MANAMENE, MANAME	1	EXAMINER'S	NAME ME	ı arqar	ita A.	Kore	ell,M.D	•	ADDRESS_	111 F	enn	Stre	et, l	Balto	.,MD	2120	1
	5X4548	23a.B	URIAL, CREMAT	ION, REMOVA				NAME OF CEA				23d. LC	CATION			COUNTY		TATE
07/B4	BP	L		cial	4-	-10-85	St	t. Ign	atiu	is Ce		Po	rt 1	Coba	CCO	Chas	5 . N	/ld •
25M	DHMH - 17		JNERAL DIREC			ADDRESS	1			A	PATE !	REC'D. BY	REGISTR	AR 256 F	REGISTRA	'S SIGN	ATURE	
	(VR A15 ME (5))	Ar	ehart	Funer	al H	Home, I	nc.	La Pl	ata	, Md .	III T	4. 8		guna	David	101-A	and the	*

See Signification of the second district.

13

1985

IF UNDER I YEAR

INDUSTRY

Private

MIDDLE Martin 160 WAS DECEASED EVER IN U.S. ARMED FORCES

(YES, NO OR UNKNOWN)

No

Montgomery 66 SOCIAL SECURITY NO 217-34-0213

Lottie 17 INFORMANT

ADDRESS

Thompson

2h HOUR

12b. KIND OF BUSINESS OR

Beulah Montgomery Pisqah, Maryland

CAUSE OF DEATH (Enter only one cause per line for to the ond PULMON ARY ARREST DENCET REBRAL INFARCTION and Conditions, if ony, which gove rise to immediate couse (o), stating EREBRAL HEMORRHAGE underlying couse lost CERTIFICATION

9h CONDITION FOR WHICH OPERATION WAS PERFORMED 20b IF YES, WERE FINDING 90 DATE OF OPERATION 20g AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO 21b. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 210 ACCIDENT WAS UNDERLYING YEAR

HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH LIFETHER NOTIFY MEDICAL EXAMINER P.M 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE, FARM ETC.) NOT WHILE

21f LOCATION

CITY OF TOWN

COUNTY STATE

220 I certify that (I) (the hospital) patternded sow the deceased alive on. obove, (1) (watch) (did not wiew the body ofter death 276 SIGNATURE

23h DATE

4-18-85

ATTENDING MEDICAL

STAFF DIRECTOR PHYSICIAN

Sanjeeb Mishra, M.D.

23a. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

22d PHYSICIAN'S NAME LITYPE OF PRINT

23¢. NAME OF CEMETERY OR CREMATORY Pleasant Grove Bapt.

22e ADDRESS

DEGREE

23d LOCATION Marbury

and that in (my) ( purpopinion death occurred on the date and hour and from the couses stated

Charles

Md.

DHMH - 16 60M 7/84

d b

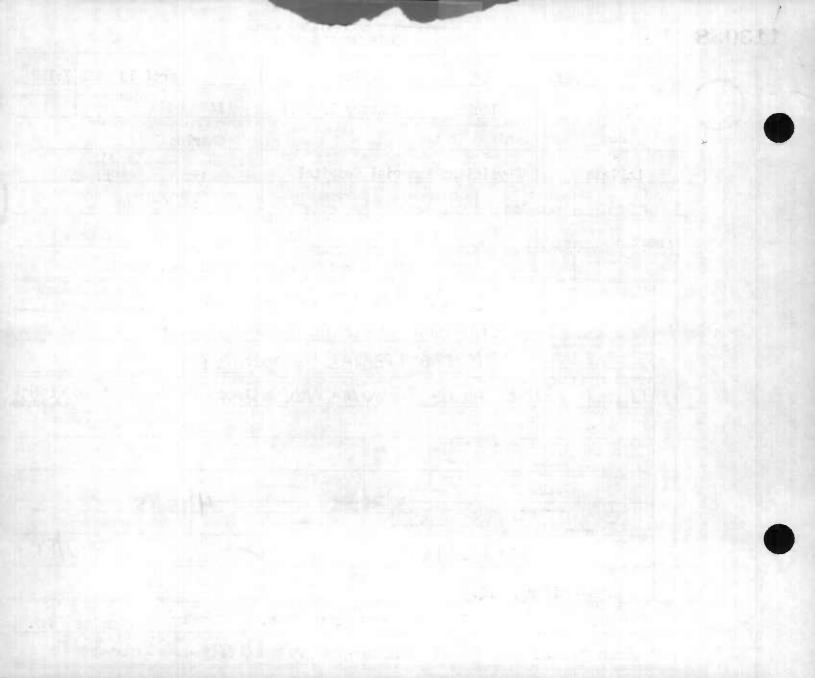
18

Thornton Funeral Home (VRA 15, 4)

24 FUNERAL DIRECTOR

Pomonkey, Md. APR

250 DATE REC D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE



Martell Adams Aguasco Md. 20608

ALIDDLE

STATE

REGISTRAR

DECEASED NAME

TYPE OR PRINTI

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

Companion 206 13e STREET ADDRESS Rose Hill APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO NO [ 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OR TOWN COUNTY STATE and that in (my) (our) opinian death accurred an the date and haur and fram the causes stated STAFF DIRECTOR PHYSICIAN 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Chas. Hill Top Mt. Hope Ch. Cem.

REG. NO

8:00

126. KIND OF BUSINESS OR

IF UNDER 24 HRS

IF UNDER I YEAR

INDUSTRY

20 DATE OF DEATH MONTH

DHMH - 16 50M 1/81 (VRA 15, 4)

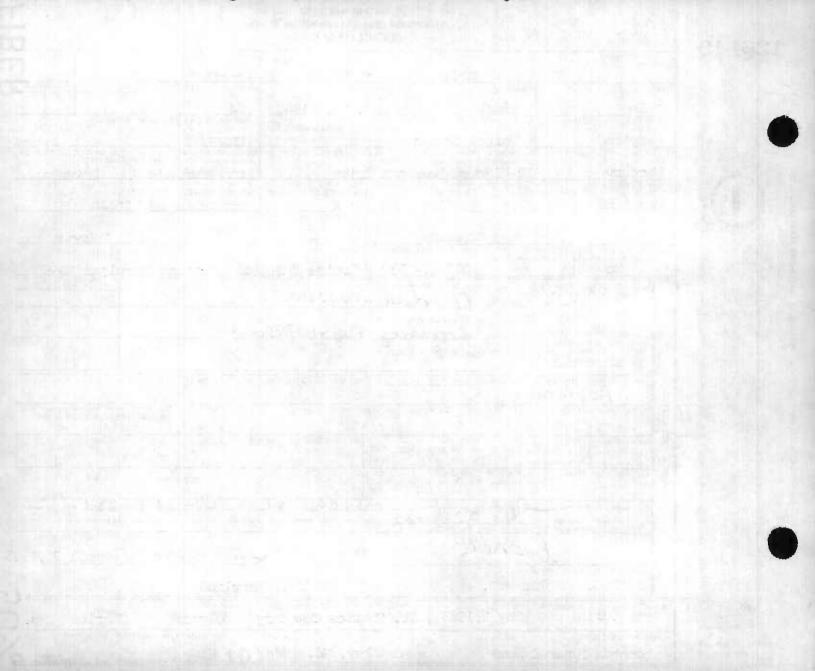
Burial

24 FUNERAL DIRECTOR

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(VRA 15, 4)

STATE OF MARYLAND



Land was three I

(VRA 15, 4)

STATE OF MARYLAND,
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR		CERTIFICATE OF DEATH	REG. N	0
9005		EASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH	MONTH DAY YEAR 26. HOUR
0.00	(1170	Kuth	Wilson	rueman		4 13 85 10 3 A
0.00	3 SEX	,	4 RACE	5 DATE OF BIRTH	6 AGE LIN YEARS LAST BIR	THDAY) IF UNDER 1 YEAR IF UNDER 24 HR
90	1	emale	White	11 28 91	93	YRS
122	To. BII	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	9 BALTIMORE CITY O	OR COUNTY OF DEATH
	11	laryland	U. D.	WIDOWED DIVORCED		County
190	L	a Plata	MATE SUCH FACILITY, GIVE STRE	ing home orbither institution et address! Hursing Hom		" WORKING LIFE) INDUSTRY
135	134.5	RESIDENCE (IF NURSING HOME OR 130 COUN		WALLENGES X NO []	136 STREET ADDRESS 15510, Bu	
d 2 s	14 FA	THER'S NAME	MIGDLE , LAST ,	MOTHER'S MAIDEN N	IAME MIDDLE	(AST)
dwo ou	N	Illiam V	Valter Wil	son EMY	MA -	Gillott
dico	160 W	(AS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SEC			15701 Croom Rd.
A. Po		NO	1042-2	89-4305 Margaret	l. Davis,	Brandywine, Mc
hysici sopei bvol. nt, th		18 CAUSE OF DEATH IEnter on PART I. DEATH WAS CAUSE	nly ane couse per line	md of Trans		APPROXIMATE INTERVAL BETWEEN ONSET AND DEA'
ng pt ponp reme			TE CAUSE (0)	geralion		
endir n, or motiv			DUE TO OR AS CONSEQ	UNGEOF BS C	no lacha On	
move natio	133	Conditions, if any, which gave rise to immediate	1 101 except	me ran sy	marwis	
d by the eose rel iol, crem or ather		couse (a), stating the underlying cause last	DUE TO OR AS OCHE	rioscleron	2	
n signe Then pl r to bur injury, c	NOI	PART 2 OTHER SIGNIFICANT	1 meller	DEATH BUT NOT RELATED TO THE TER	rminal disease or con	DITION GIVEN IN PART 110
tan.  has beer to rene priore	CERTIFICATION	1% DATE OF OFERATION	19% CONDITION FOR WHIC	H OPERATION WAS PERFORMED	200 AUTOPSY?	206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO NO
icate ronsi Hygin Hygin 18 s	CER	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		DAY YEAR 216 HOW INJURY OCCU	JRRED (ENTER NATURE OF INTU	RY IN ITEM 18 PART   OR PART 2)
ng ph certification and them	CAL	(IF EITHER NOTIFY MEDICAL EXAMINER	P.M.	19		
tending the bund wind M	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY	E. FARM ETC   211 LOCATION STREET	CITY OR TO	OUNTY STATE
After the eastheology of the morked		MHILE NOT WHILE AT WORK	and the state of t		4	-17 85
- ~ S e s		tow the deceased alive on	hull otherwised the deceased from	A A	n death occurred on the di	ate and hour and from the causes stated
RECTOR ned for ipt of H	FI.	22b, 5rGerAPURE	t) view the body litter feath.	DEGREE		22c DATE SIGNED
9 000		4 /6	MAN I		MEDICAL STA	FF 11 17 3
FUNERAL State ould be det the State ookTANT:		22d PHYSICIA LL TAME TIME	A PROFFE	22e ADDRESS	A SHEETS A	Waldorf
TO FUNERAL should be deto with the State IMPORTANT:		Daniel M. H	owell. M.D.	Charles Pr	ofessional	Center, Md.
5 5 4 3 W	23a B	URIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	23d LOCATION	7,70
	- {	Burial	4-16-85	it. Pauls Cemete	CITY OR TOWN	COUNTY CON STATE
BP		-41744	M-TO-05 1	re lanta cemere	T Alo Laun Am 1	ne, Pr. Geo. Md

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4	1-	FOR STATE REGISTRAR	DEI	PARTMENT O	ATE OF MARYLANDS F HEALTH AND MENTAL HY IFICATE OF DEATH	GIENE REG. NO.	8 8
106		CEASED NAME FRST OR PRINT)  E7145-L	WIDDLE	1110	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
100	3 SEX		Black.		E OF BIRTH  INTH   DAY   YEAR  122   92	6 AGE (IN YEARS LAST METHDAY)	IF UNDER LYEAR IF UNDER 24 HRS MONTHS DATS HOURS MIN,
175	10. CI	Penn IY OR TOWN OF DEATH IT PLATA	MERIDIAL	MAR WIDO IURSING HOM E STREET ADDRESS)	RIED NEVER MARRIED WED DIVORCED E OR OTHER INSTITUTION	A1 - 7	MD.
185	120 S	RESIDENCE (IF NURSING HOME OR O TATE Laryland Chas	Y 13c CITYO	e before admission R TOWN TOTE	YES NO D	13e.STREET ADDRESS / ZIP	
08	14 FA	THER'S NAME FIRST UNKNOWN	DDLE LA	ST	IS MOTHER'S MAIDEN N	windle	LAST
/ Pages		VAS DECEASED EVER IN U.S. ARMI ES. NO OR UNKNOWN) (IF YES GIVE V		54 53		ADDRESS Farrar	SAA  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
edie remove carbon, al cremotion, or rem or ather traumatic eve		Canditians, if any, which gove rise to immediate couse (a), starting the underlying cause lost	DUE TO, OR AS A CON	my	tue the	M Follow M Record	). WY
me prior to burn	CERTIFICATION	PART 2 OTHER SIGNIFICANT CO			BUT NOT RELATED TO THE TER	20a AUTOPSY? 20b.	IF YES, WERE FINDINGS USED LERTIFYING CAUSES OF DEATH? YES NO
burial transit Mentol Hygie or them 18 sha	MEDICAL CERT	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 214. INJURY OCCURRED	216 TIME OF INJURY HOUR A.M. MONT P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY,	1	9 211 LOCATION	RRED (ENTER NATURE OF INJURY IN IT	
for one on the of Heighth one (21 is marked	M	220.1 certify that (1) this hospito sow the deceased alive on above (1) Dec (dia) (did not	I) offered the deceosed	from	28 19 8	5 10 4 29	d have ond from the couses stated
be defocked State Dept TANT, if Item		THE SIGNATURE  THE PHYSICIAN'S NAME (TYPE OR I	1	m	DEGREE  ATTENDING PHYSICIAN  Re ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	22. pare signed 4 29 85
MPORT	23a B	GRORG.	236 DATE	AT HO	F CEMETERY OR CREMATORY	123d LOCATION	Q. 20006.
	(	SPECIF Burial	5/3/1985	Asbur		Brandywine	P.G. Md.

250. DATE REC'D.

BY REGISTRAN 256 BEGISTRAN'S SIGNATURE

BY REGISTRAN 256 BEGISTRAN S SIGNATURE

BY REGISTRAN 256 BEGISTRAN 2

DHMH - 16 60M 7/84 (VRA 15, 4)

Martell Adams

24 FUNERAL DIRECTOR

Aquasco, Md. 20608

The parties and each are the second and the second The second secon And the state of t

			FOR	-22a 7/14	/85 mtb F	EPARTMENT OF	TE OF A	AARYLAND	ITAL HYGIE	NE L	8	9		1
	116122		STATE REGISTRAR			ICAL EXAMIN					NO.			
			CEASED NAM	E FIRST		WIDDLE		LAST		20. DATE KNOWN OF ESTI-	монтн	H DAY	YEAR 26. HOUR	•
	· 公司 20 元 20 元 11			Rich		lolph		elch		DEATH MATED	4	14 19	85	1
	* AUTOR	3. SEX		4. RACE	5. DATE OF BIRTH	YEAR 6. AGE (IN YE	AY) MONT		UNDER 24 HRS	PRONOUNCED	нтиом	DAY	10.2 E	
	1 0 0 0 N		ale	White	June 10	),198747	RS.			DEAD	4		85 10:35	1
•	36 6 87 Z	FC	RTHPLACE (S		76. CITIZEN OF WH			IED NEVER		9 BALTIMORE CIT	Y OR COUN	NTY OF DEA	TH	
,	Z S IN S S		arylan		U.S.A	ITAL, NURSING HOM	WIDOV		ONORCED L	Charles	County	Y KIND	MD OF BUSINESS	
	A HE WELL				(IF NOT IN SUCH FAC	ILITY, GIVE STREET ADDRESS)			FO	R MOST OF WORKING LIFE)	TIPE OF WORK	OR IN	DUSTRY	
_ DEL	O NO	USU	a Plata	(IF IN NURSING HOME)	Physicia OR OTHER INSTITUTION, GIVI	ns Memoria  RESIDENCE BEFORE ADMISS	I HOS	_		armer	Zip 2		ming	
21201	RETAIN PARECORDS:	130 N	arylan	nd Chai	rles	Hughesv	ille	13d. INSIDE CITY L	LIMITS? 13e. ST		,Box			
	A234	14. F/	THER'S NAMI		MIDDLE	ŁAST			MAIDEN NAM	MIDDLE MIDDLE	-	LAST		4.4
BALTIMORE, MD. S AFTER DEATH. II					ley Welch	1	9 13	Bes	ssie	Agnes		Sarne		
TER (	B. GIVE PAGE WITH FORM IT. PAGES I.A DIVISION OF	16a. \	VAS DECEASE ES, NO, OR UNKNO <b>ES</b>	DEVER IN U.S. AR	MED FORCES? WAR OR DATES) -62	16b. SOCIAL SECURIT		17. INFORMAN		ADDR				
SAF	GIVE ITH F VISIO	1		1200		220-34-4	809	Heler	n Welc.	h-Wife,Sa	ames			
: %	M		18 CAUSE C		nly ane cause per line to BY:								DXIMATE INTERVAL N ONSET AND DEATH	
NO	PER VAL		X 4 X	IMMEDIA	TE CAUSE (a)	rycodone in		cation						
REST	S A A		Canditia	ns, if any, which		AS A CONSEQUENCE	OF							
× .	AND			se to immediate ) stating the under-	-	AS A CONSEQUENCE	OF.							,
201 W. PRESTON ST UTED WITHIN 24 HON IN PENCIL IN ITEM IS	N. AE		lying car		50210,017	SA CONSEGUENCE	Or					Yellow.		
DS, XECU	AND		PART 2 OTHER S	IGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH 8	IT NOT RELATED TO THE TERM	AINAL OISEAS	E OR CONDITION GIV	VEN IN PART 1 (o)					-
DIVISION OF VITAL RECORDS, SCRITICATE SHOULD BE EXEC RITING THE WORD "PENDING" ROED TO THE CHIEF MEDICAL	AS A ALTH CREA	NO												
NL RE	7 FEB 7	CERTIFICATION	19a DATE OF	OPERATION	196 CONDITI	ON FOR WHICH OPER	RATION W	'AS PERFORME	D?			20 AUT	OPSY?	٠
SH SH		E									- 3		X NO [	
ATE W	FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG W OR: PAGE 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT. HE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, D ND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.			AL CAUSE WAS	216. TIME OF HOUR A.M.	INJURY MONTH DAY YEA	21c. H	OW INJURY OC	CCURRED (ENTE	R NATURE OF INJURY IN ITEM	18 PART 1 OR P	PART 2)		
NO!	ARE COL	MEDICAL	CONTRIBUTI	OR CAUSE OF		4/14 1985 FINJURY (ATHOME	in	qested (	oxycodo	ne				
NVIS CER	SCED SCED SCED SCED SCED SCED SCED SCED	MEE	WHILE			RY, FARM, ETC.)	:	TREET		CITY OR TOWN		OUNTY	STATE	
THIS	PAG 212	34	AT WORK	AT WORK		home	Cr	CTT	Rd., H	ughesville	, Cha	rles (	., Md.	
A PER	2 <b>8</b> H S	1%	22a I certi	fy that I taak charg	ge of the remains desc	ribed abave, held an	Autop	sy X, In	spection .	Inquiry .	and in my a	apinian		
N SE	H L E		death result	ed fram: Natu	ral causes 🔲,	Accident L., Su	ncide 🔲	, Hamicide	Unde	etermined manner	d.			
33 8	WAY.	100	ACTUAL	MA	1 ()1	11		TITLE (SPEC	hant		DATE	4-15	-05	
3	RE E	1	SIGNATURE.	Y IV	May 1	X	M	D Assist	LailL ME	DICALEXAMINER	SIGN	IED 4-13	)-03	
MED ROUT	PAGE 4 SHOULD BE FORW FTO FUNERAL DIRECTOR: P AFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 2		EXAMINER'S (TYPE OR PRI	NAME Ann	M. Dixon,	M.D.		ADDRESS 11	11 Penn	St., Balt	O., M	d. 21	L201	
57	A A A A			TION, REMOVAL	23b. DATE	23c. NAME OF CE			23d. L	OCATION Y OR TOWN	COL	UNTY	STATE	
BP(	448		urial	TOR	4/17/85	St. Mar	Y'S			ryan town				
	MH - 17				1 Home	ncLa P	lata		DATE REC D. E	OT REGISTRAR 1200. RE	GISTRAR'S	SIGNATURE		
	(VR A15 ME (5))			- will a	T 6 - 111 - 1 -	AUG GLICE	1040	. 1 1						

Haryland Chirles | Nucleary'lle | Noute 1.00x 0.6

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remert Fune 1 isme, igc., to Plat., id.

quelet 2 1 4 477/85 Et. Hary's Cometery Bryanton n . Smerles, P.

## STATE OF MARYLAND

FOR STATE REGISTRAR		DEPARTMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH					
ECEASED NAME	FIRST	MIDDLE	LAST	_			
PE OR PRINT)	TEGECA	1 3/0101					

- STATE REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO.		
1. DECEASED NAME	FIRST	MIDDLE	l	AST	20. DATE OF DEATH MONTH	DAY YEAR	2b HOUR
(TYPE OR PRINT)	ERESA	LYNN	WHE	EATLEY	APRIL 6, 19	85	11: 15AN
3 SEX	4 RACE		5. DATE C		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
Female	Cauci	asian	Oct	9, 1959	25 YRS	MONTHS DAYS	HOURS MIN.
A BIRTHPLACE (STATE OR FO	OREIGN 76 CITIZEN C	F WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DEATH	
Maryland	U.S	5.A.	WIDOWE		Charles		MD.
LaPlata	(IF NOT IN	SUCH FACILITY, GIVE STREET	ADDRESS)	Lal Hosp.	120 USUAL OCCUPATION (14PE OF WORK FOR MOST OF WORKING NEVER WORKE	LIFE) INDUSTRY	F BUSINESS OR
ISUAL RESIDENCE (IF NURSIN 130. STATE Maryland	Charles	DN GIVE RESIDENCE BEFORE 134. CITY OR TOW LaPlata		13d INSIDE CITY LIMITS? YES NO 🖄	13. STREET ADDRESS / ZIP COR	ed / 20	1646
14 FATHER'S NAME				15 MOTHER'S MAIDEN NA			
William	Joseph W	neatley		Barbar	a W. Bowli	פר	31
160 WAS DECEASED EVER I			RITY NO.	17 INFORMANT	ADDRESS Rt.	-3 Box	c-168
(YES, NO OR UNKNOWN)	(IF YES, GIVE WAR OR DATES	213-90-	0826	William J.	Wheatley La	olata, M	1d.20646
PART I. DEATH WA	(Enter only one couse p AS CAUSED BY MMEDIATE CAUSE (a)	Cordi		arrest		BETWEEN	IMATE INTERVAL ONSET AND DEATH

PART I. DEATH WAS CAUSE	y one cause per line facto), (b), and ic to B BY:  CAUSE (a) Cardiac and to the control of the c	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
Conditions, if ony, which gave rise to immediate couse (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE OF  DUE TO, OR AS A CONSEQUENCE OF	

190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?		
			YES NO	YES [		NO [
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJ	URY IN ITEM 18 PART	FOR PART 21	
(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M. 19					
21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY OFFICE, FARM ETC.)	211 LOCATION STREET	CITY OR TO	OWN	COUNTY	STATE
AT WORK AT WORK			. 1	1 -		

220.1 certify that A (Was hospital) attended the deceased	rom 1983	19 to	/ 85 , 19, that (▶ (we) last
above I we did did not sow the body after death	_19, and that in (my) (c	our) apinion death accurred on the d	ate and have and from the causes stated
22b. SIGNATURE	DEGREE	,	224. DATE SIGNED

Pace mp	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	4/6/85
220 PHYSICIANS NAME (TYPE OF PRINT)	22e ADDRESS	17.1

		11700	1110	,	In.	20001
1	-	MACC	MAIN	Meldenf	Md	20601

230 BURIAL, CREMATION, REMOVAL [SPECIFY] St. Mary's Cemetery Bryantown, "Md. (
P.U. Box 156250 DATE RECT. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Walderf, Md. 20601 12 185 Bryantown, coMd. (Charles) 4-9-85 Burial 24 FUNERAL DIRECTOR

DHMH - 16 60M 7/84

TO FUNERAL DIRECTOR. After this certificate has been signed by the other should be detached for use as the burial-transit permit. Then please remove a with the State Dept. of Health and Mental Hygiene prior to burial, cremation.

IMPORTANT: If frem 21 is

injury, or other troumatic event,

Huntt Funeral Home (VRA 15, 4)

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

release, but the tento

Take to the contract of the co

	STATE OF MARYLAND
	DEPARTMENT OF HEALTH AND MENT APHY GIENE
TDAD	CERTIFICATE OF DEATH

(1)	DECEASED NAME FIRST	MIDDLE	LAST	NETTO N	REG. NO		YEAR 2b. HOUR
	TYPE OR PRINT)						Zb. HOUR
3 5		MYRON	WRYE		APRIL 22	. 1985	4:00
	SEX	4 RACE	5. DATE OF BIRTH		6 AGE (IN YEARS LAST BIRTI		
-	Male	Caucasian	May 9	1921	63	YRS	DAYS HOURS
74	BIRTHPLACE ISTATE OR FOREIGN Pennsylvania	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEV	ER MARRIED DIVORCED	9. BALTIMORE CITY OF Charle		ATH
10	CITY OR TOWN OF DEATH Waldorf	11. NAME OF HOSPITAL, NURSII (IF NOT IN SUCH FACILITY, GIVE STREET 2603 Fengers	NG HOME OR OTHER	INSTITUTION	120 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF Electrics	WORKING LIFE) INDL	IND OF BUSINES
US 13r	SUAL RESIDENCE (IF NURSING HOME OR BO. STATE 136 COUN	OTHER INSTITUTION GIVE RESIDENCE BEFOR	RE ADMISSION)	DE CITY LIMITS?	13e.STREET ADDRESS /	ZIP CODE	Waldı
55		rles Waldon		NO [X	2603 Fero	gerson (	Ct.Md.20
20	en	MIDDLE LAST		ier's maiden nam First Melvina	ME MIDDLE France	a	LAST B C O D S
160	WAS DECEASED EVER IN U.S. AR					sergers:	
1		E WAR OR DATES)	8047 Rut			rf, Md.	20601
	PART 1. DE ATH WAS CAUSE	nly one couse per line for (a), (b), or D BY:  BCANCER  TE CAUSE (b).	OF THE LUN	rG.		-	APPROXIMATE INTERVI TWEEN ONSET AND DI Onths
2		CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELA	TED TO THE TERM	inal disease or cone	DITION GIVEN IN P	ART IIo
6 CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	HOPERATION WAS PE	RFORMED	20a AUTOPSY?	20b. IF YES, WERE IN CERTIFYING C	FINDINGS USED AUSES OF DEATH NO []
F 72	CALICO OF DE	HOUR A.M. MONTH D	PAY YEAR	W INJURY OCCURR	RED (ENTER NATURE OF INJUR		
MEDICAL	WHILE NOT WHILE	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	PARM, EIC I	ATION	CITY OF TOV	vn cou	INTY STA
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